

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L08524

**Entity Name:** A & R OF LAKE CITY, INC.

**Current Principal Place of Business:**

1826 SW SR 47  
LAKE CITY, FL 32025

**Current Mailing Address:**

C/O AUDREY S. BULLARD  
P. O. BOX 1733  
LAKE CITY, FL 32056 US

**FEI Number:** 59-2956371

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BULLARD, AUDREY S  
1826 SW SR 47  
LAKE CITY, FL 32025 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name BULLARD, AUDREY S  
Address 1826 SW SR 47  
City-State-Zip: LAKE CITY FL 32025

Title VSTD  
Name BULLARD, CHRIS A  
Address 1826 SW SR 47  
City-State-Zip: LAKE CITY FL 32025

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUDREY S. BULLARD

**DIRECTOR**

**01/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date